



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3896

<b>SERIAL NUMBER</b> 10/699,921	<b>FILING OR 371(c) DATE</b> 11/03/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> 53951-108
<b>APPLICANTS</b> Dennis M. Treu, Bedford, NH;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/865,905 05/24/2001 PAT 6,852,090 and claims benefit of 60/423,318 11/01/2002 <i>PRW</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 02/04/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>PRW</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 10
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 21890				
<b>TITLE</b> Functional isolation of upgradeable components to reduce risk in medical treatment devices				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	